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TRANSMITTAL FORM	Application Number Filing Date First Named Inventor Art Unit	10/634,019 08/04/2003 Kirk W.Watkins		
(to be used for all correspondence effer initial filing)  Total Number of Pages in This Submission 3	Examiner Name Maust, Timothy Lewis of Pages In This Submission 3 Attorney Docket Number P150 1031.1			
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(e)  Reply to Missing Parts/ incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence A  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD	Address Status Letter Other Enclosure(s) (please Identify below): Part B - Fee Transmittal		
Firm Name Wornble Carlyle Sandri	· · · · · · · · · · · · · · · · · · ·			
Printed name Keats A. Quinaky Date 1/26/05		Reg. No. 46,426		
I hereby certify that this correspondence is being facs:	CATE OF TRANSMISSI	BION/MAILING  TO or deposited with the United States Postal Service with		

# the date shown below: Signature Typed or printed name Cheryl West

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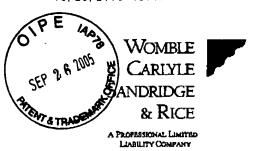
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& TRADENAM Effective on 12			Complete	if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/634	,019			
FEE TRAN		Filing Date	08/04/2				
For FY	<sup>'</sup> 2005	First Named Inventor	Kirk W.	Watkins			
Applicant claims small entity s	status See 37 CFR 1.27	Examiner Name		Timothy Le	<u>awis</u>		
	T	Art Unit	3751				
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METHOD OF PAYMENT (chec	k all that apply)						
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under 37 CFR 1.16 s WARNING: Information on this form m	ind 1.17 arv become public. Credit card				redit card		
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FEE CALCULATION			•				
1. BASIC FILING, SEARCH, A			MINATION	FEEG			
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2. EXCESS CLAIM FEES	100	0 0	υ ,	( Ilem8	Entity		
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HP = highest number of independent of APPLICATION SIZE FEE	deima paid for, if greater than 3.						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
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4. OTHER FEE(8)  Non-English Specification. \$130 fee (no small entity discount)							
Other (e.g., late filing surch		•		_	\$1000.00		
SUBMITTED BY Signature	<del>)</del>	Registration No. 48 428	1	Telephone 404	970 2422		

Name (Print/Type) Keats A. Quinalty Date

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ATLANTA CHARLOTTE RALEIGH RESEARCH TRIANGLE PARK WASHINGTON, D.C. WINSTON-SALEM

### **FACSIMILE**

From: Keats A. Quinalty Direct Dial: (404) 879-2423 Direct Fax: (404) 879-2923 E-Mail: kquinalty@wcsr.com Attorney Number: 1679

TO:	Mail Stop Issue Fee	COMPANY:	Commissioner for Patents			
FAX:	571-273-2885	PAGES;	4 (including cover)			
PHONE:		DATE:	September 16, 2005			
RE:	U.S. Application Serial No. 10	/634,019 ATTORNEY DOCKET/REF. NO.	P150 1031.1			
		ACCOUNTING NO.	31566.0002.3			
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In re Ap	plication of: Watkins, Kir	k W.	OFFICIAL			
Serial No	o.: 10/63 <b>4,</b> 019					
Filing Da	ate: 08/04/2003		·			
For: Rep	placement Vehicle Fuel Int	ake Device				
Attached	in connection with the ab	ove-identified patent applicati	on are the following:			
(2) Part I	smittal Form; 3 – Fee Transmittal; and Transmittal.					
1201 West P	eachtree Street, Suite 3500 Atlant	a, GA 30309-3574 Telephone (44	04) 372-7000 Pax: (404) 888-7490			

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PART B - FEE(S) TRANSMITTAL

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C	CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rey 03-02 or more recent) anached. Use of a Castomer Number is required.			(1) the names of up to 3 recisioned patent attorneys				
				registered attorney or agent) and the names of up to				
3.	assignee name ani	RESIDENCE DATA TO	E PRINTED ON	THE PATENT (print	or type)			
	•	s an assignee is identified to n 37 CFR 3.11. Completion	-				below, the do	cument has been filed for
	(A) NAME OF ASSIGN	EE	(E	B) RESIDENCE: (CI	TY and STATE OR CO	UNTRY)		
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48	. The following fee(s) are	enclosed: /	41	. Payment of Fee(a):				
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				Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to peosit Account Number 09-0528 (enclose an extra copy of this form).				
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 27 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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